

IMPAX LABORATORIES INC

Reported by **HSU LARRY**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 02/15/12 for the Period Ending 02/13/12

Address 30831 HUNTWOOD AVENUE

HAYWARD, CA 94544

Telephone 510-240-6000

CIK 0001003642

Symbol IPXL

SIC Code 2834 - Pharmaceutical Preparations

Industry Biotechnology & Drugs

Sector Healthcare

Fiscal Year 12/31





Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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2011

Estimated average burden

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response... 0.5 **OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol							Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HSU LARRY				IMPAX LABORATORIES INC [IPXL]							IC	X Direc	ctor	-	10% (Owner	
(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							YYYY)	below)	Officer (give title below)Other (specify) ident and CEO			r (specify	
C/O IMPAX I INC., 30831 F AVENUE				,			2/	13,	/2012				Tresident	anu CEC	,		
(Street)				4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)					
HAYWARD, CA 94544 (City) (State) (Zip)												X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1.Title of Security (Instr. 3)			Trans. te	2A. Deemed Execution Date, if any	teemed xecution rate, if Code (Instr. 8) (Instr. 3, 4 and 5) (Instr. 3 and 4) (Instr. 3 and 4)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership						
Common Stock 2/1				3/201	2	F		844 (1)	D	\$22.9	9	135097			I	By Spouse	
Common Stock												52	6903		D		
Common Stock													236	9568		I	By The Hsu Family Trust
Tab	ole II - De	rivati	ive Secur	ities	Bene	ficially O	wned	(e.	<i>g</i> . , put	s, c	calls,	warran	ts, options	, converti	ble secur	ities)	
(Instr. 3) or Exercise Date Execution Code		Trans.	5. Number of Derivative Securities 8) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)						7. Title and Amour Securities Underlyi Derivative Security (Instr. 3 and 4)		ying ty	(Instr. 5) S		Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
Code			Code	V (A	A) (D)	Date Exercis				Amount or Shares	Number of	of (s) (Instr. 4)		' <i>'</i>			

Explanation of Responses:

(1) These shares of common stock were withheld by the issuer to satisfy Dr. Ann Hsu's (the Reporting Person's spouse) payroll tax withholding obligations related to the vesting of a restricted stock award, which is treated as a disposition of securities under Section 16 of the Securities Exchange Act of 1934, as amended.

The filing of this Statement shall not be construed as an admission (a) that the person filing this Statement is, for the purposes of Section 16 of the Securities Exchange Act of 1934, as amended, the beneficial owner of any equity securities covered by this Statement, or (b) that this Statement is legally required to be filed by such person.

Reporting Owners

Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
HSU LARRY								
C/O IMPAX LABORATORIES, INC.								
	X		President and CEO					
30831 HUNTWOOD AVENUE								
HAYWARD, CA 94544								

Signatures

/s/ Arthur A. Koch, Jr., by Power of Attorney

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.